

PETITION FOR GRIEVANCE ARBITRATION
EMPLOYMENT RELATIONS COMMISSION
Michigan Department of Labor & Economic Growth

THE DEPARTMENT OF CONSUMER & INDUSTRY SERVICES WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP OR POLITICAL BELIEFS.

PURSUANT TO ITS AUTHORITY TO AID PARTIES IN RESOLVING LABOR DISPUTES, THE MICHIGAN EMPLOYMENT RELATIONS COMMISSION MAINTAINS A LIST OF ARBITRATORS QUALIFIED TO PERFORM GRIEVANCE ARBITRATION.

(A) INSTRUCTIONS: YOU MUST SEND THIS COMPLETED FORM OR A WRITTEN AGREEMENT BETWEEN THE PARTIES AS WELL AS TWO COPIES OF :

☐ CONTRACT CLAUSE ALLEGEDLY VIOLATED ☐ GRIEVANCE PROCEDURE ☐ GRIEVANCE

CONTRACT EXPIRATION DATE:

THIS PETITION IF FILED BY :

☐ EMPLOYER ☐ UNION JOINT ☐

1. PUBLIC EMPLOYER NAME

EMPLOYER REPRESENTATIVE NAME

ADDRESS (STREET NO. AND NAME)

ADDRESS (STREET NO. AND NAME)

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

TELEPHONE NO. (INCLUDE AREA CODE)

FAX NO.

TELEPHONE NO. (INCLUDE AREA CODE)

FAX NO

2. LABOR ORGANIZATION NAME

LABOR ORGANIZATION REPRESENTATIVE NAME

ADDRESS (STREET NO. AND NAME)

ADDRESS (STREET NO. AND NAME)

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

TELEPHONE NO. (INCLUDE AREA CODE)

FAX NO.

TELEPHONE NO. (INCLUDE AREA CODE)

FAX NO

3. NAME OF GRIEVANT AND BRIEF DESCRIPTION OF GRIEVANCE:

PRINT NAME/TITLE: _____ DATE: _____

SIGNATURE _____

INTERNET